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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/033,149
Filing Date	10/19/2001
First Named Inventor	R. Preston Mason
Group Art Unit	1617
Examiner Name	M. Bahar
Attorney Docket Number	2198 P01 CIP

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

- ☐ Fee Transmittal Form
- ☒ Fee Attached
- ☒ Amendment / Reply
- ☐ After Final
- ☐ Affidavits/declaration(s)
- ☒ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/ Incomplete Application
- ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ Assignment Papers (for an Application)
- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a Provisional Application
- ☐ Power of Attorney, Revocation Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD, Number of CD(s) _____

- ☐ After Allowance Communication to Group
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Other Enclosure(s) (please identify below):

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Firm or Individual name

Jerry Cohen, Reg. No. 20,522

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Date

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Amendment A and Response
PTO-1449, 4 cited references



Attorney Docket No. 2189-P01CIP

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: R. Preston Mason Examiner: Mojdeh Bahar
Serial Number: 10/033,149 Art Group: 1617
Filed: October 19, 2001 Confirmation No.: 2552
Attorney Docket No. 2189-P01CIP
For: SYNERGISTIC EFFECTS OF AMLODIPINE AND
ATORVASTATIN METABOLITE AS A BASIS FOR
COMBINATION THERAPY

Perkins, Smith & Cohen, LLP
One Beacon Street, 30th Floor
Boston, MA 02108-3106

To: Assistant Commissioner of Patents
Washington, D.C. 20231

AMENDMENT AND RESPONSE A

Sir:

In response to the Office Action dated March 20, 2002 for the above identified patent application, Applicant respectfully submits the following Amendment and Response. A petition for a three (3) month extension of time and required fee are also submitted herewith.

Please amend the application as follows:

IN THE CLAIMS

Please rewrite claims 1, 4, 6-14, 22, 23, 27, 28, and 57 as follows (a marked-up copy of the rewritten claims showing changes is provided in Appendix A):

- AI
1. A pharmaceutical composition comprising:
an effective amount of amlodipine;